

**Michigan Department of Consumer & Industry Services
BUREAU OF HEALTH SYSTEMS, COMPLAINT INVESTIGATION UNIT**

HEALTH FACILITY COMPLAINT FORM

Print clearly or type information on all sections of this form. Call 1-800-882-6006 if you need help completing the form.

PATIENT/RESIDENT INFORMATION											
Resident/Patient Name							Birthdate/Age				
Date Admitted		Room #		Discharge Date (if no longer in facility)							
Guardian/Resident Representative					Daytime/Work Phone #			Evening Phone #			
FACILITY INFORMATION (Check Type)											
<input type="checkbox"/>	ASC	<input type="checkbox"/>	EMS	<input type="checkbox"/>	FS-ASC	<input type="checkbox"/>	HOSP	<input type="checkbox"/>	OPT	<input type="checkbox"/>	RS
<input type="checkbox"/>	CMCF	<input type="checkbox"/>	ESRD	<input type="checkbox"/>	HHA	<input type="checkbox"/>	HSPC	<input type="checkbox"/>	PSYCH HOSP	<input type="checkbox"/>	X-RAY
<input type="checkbox"/>	CORF	<input type="checkbox"/>	FSOF	<input type="checkbox"/>	HLTU	<input type="checkbox"/>	NH	<input type="checkbox"/>	RHC	<input type="checkbox"/>	
Facility Name											
Facility Street Address					City		State		Zip Code		
INFORMATION ABOUT PERSON FILING THE COMPLAINT											
Your Name (if not resident)					Daytime/Work Phone #			Evening Phone #			
Street Address					City			State		Zip Code	
E-mail Address											
INFORMATION ABOUT YOUR COMPLAINT											
Date of problem or incident					Time		AM PM				
What is the complaint about? Attach additional sheets if necessary.											
Your Signature							Date Signed				

All nursing homes are required to post the name, title, location, and telephone number of an individual in the nursing home who is responsible for receiving complaints and conducting complaint investigations. Someone in the nursing home should be on duty 24 hours a day, 7 days a week to respond to complaints. You may wish to contact the facility representative or administrator before filing this complaint.

Information on filing a complaint and definitions of facilities may be found on the Internet at <http://www.michigan.gov/bhs>. Move the cursor down the left side of page once at the website, click on "Complaints" and move down the page to the box for the "Bureau of Health Systems". Click on underlined text for items of interest.

Sign this form when completed, and submit it to the Bureau of Health Systems by mail or fax to:

Michigan Department of Consumer & Industry Services
Bureau of Health Systems, Complaint Investigation Unit
P.O. Box 30664, Lansing, MI 48909
Fax # (517) 241-0093 <http://www.michigan.gov/bhs>

Other agencies that help citizens with complaints are:

Citizens for Better Care (CBC)

CBC is an advocacy group for nursing home residents and families.

Detroit 1-800-833-9546/313-832-6387

Website: <http://www.cbcmi.org>

Department of Attorney General (AG)

The Attorney General investigates elder abuse and Medicaid fraud.

Call: 1-800-242-2873 or file a complaint online at <http://www.michigan.gov/ag/>

Michigan Protection & Advocacy Service (MPAS)

MPAS can tell you who you should call to report abuse/neglect, help you file a complaint, or investigate an abuse/neglect allegation.

Call: 1-800-288-5923 or (517) 487-1755

<http://www.mpas.org/>

State Long-Term Care Ombudsman

State long-term care ombudsman will help identify, investigate and help resolve complaints of residents of licensed long-term care facilities through its network of local ombudsmen.

Call: 1-866-485-9393 (toll-free)